

## VI. Name of Program \_\_\_\_\_

(Fill out a separate form for each program supported by the Mentally Ill Offender Crime Reduction Grant)

### Program Fiscal Detail

Line Items	State Funds	Hard Match	In Kind	Other Match	Total
A. Salaries and Benefits					
B. Services and Supplies					
C. Professional Services					
D. CBO Contracts					
E. Administrative Overhead					
F. Fixed Assets					
G. Other					
<b>H. Grand Total</b>					